

Fill in this information to identify your case:

United States Bankruptcy Court for the:

SOUTHERN DISTRICT OF NEW YORK

Case number (if known)

Chapter you are filing under:

- Chapter 7
- Chapter 11
- Chapter 12
- Chapter 13

Check if this an
amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

About Debtor 1:

1. Your full name

Write the name that is on
your government-issued
picture identification (for
example, your driver's
license or passport).

Jeffrey

First name

H.

Middle name

Stein

Last name and Suffix (Sr., Jr., II, III)

About Debtor 2 (Spouse Only in a Joint Case):

**2. All other names you have
used in the last 8 years**

Include your married or
maiden names.

Lisa

First name

J.

Middle name

Stein

Last name and Suffix (Sr., Jr., II, III)

**3. Only the last 4 digits of
your Social Security
number or federal
Individual Taxpayer
Identification number
(ITIN)**

xxx-xx-8381

Lisa Judith Stein
Lisa Judith Levy

xxx-xx-1425

Debtor 1 Jeffrey H. Stein
Debtor 2 Lisa J. Stein

Case number (if known)

About Debtor 1:**4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years** I have not used any business name or EINs.Include trade names and *doing business as* names

Business name(s)

EINs

About Debtor 2 (Spouse Only in a Joint Case): I have not used any business name or EINs.

Business name(s)

EINs

5. Where you live3 Deborah Lane
Chappaqua, NY 10514
Number, Street, City, State & ZIP CodeWestchester
County**If your mailing address is different from the one above, fill it in here.** Note that the court will send any notices to you at this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code

If Debtor 2 lives at a different address:

Number, Street, City, State & ZIP Code

County

If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code

6. Why you are choosing this district to file for bankruptcy**Check one:**

- Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
- I have another reason.
Explain. (See 28 U.S.C. § 1408.)

Check one:

- Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
- I have another reason.
Explain. (See 28 U.S.C. § 1408.)

Debtor 1 Jeffrey H. Stein
Debtor 2 Lisa J. Stein

Case number (if known) _____

Part 2: Tell the Court About Your Bankruptcy Case

7. The chapter of the Bankruptcy Code you are choosing to file under Check one. (For a brief description of each, see *Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy* (Form 2010)). Also, go to the top of page 1 and check the appropriate box.

Chapter 7
 Chapter 11
 Chapter 12
 Chapter 13

8. How you will pay the fee **I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.
 I need to pay the fee in installments. If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).
 I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

9. Have you filed for bankruptcy within the last 8 years?

No.
 Yes.

District _____ When _____ Case number _____
 District _____ When _____ Case number _____
 District _____ When _____ Case number _____

10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?

No
 Yes.

Debtor _____ Relationship to you _____
 District _____ When _____ Case number, if known _____
 Debtor _____ Relationship to you _____
 District _____ When _____ Case number, if known _____

11. Do you rent your residence?

No. Go to line 12.
 Yes. Has your landlord obtained an eviction judgment against you and do you want to stay in your residence?
 No. Go to line 12.
 Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it with this bankruptcy petition.

Debtor 1 Jeffrey H. Stein
Debtor 2 Lisa J. Stein

Case number (if known)

Part 3: Report About Any Businesses You Own as a Sole Proprietor**12. Are you a sole proprietor of any full- or part-time business?** No. Go to Part 4. Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

Name of business, if any

Number, Street, City, State & ZIP Code

Check the appropriate box to describe your business:

Health Care Business (as defined in 11 U.S.C. § 101(27A))
 Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
 Stockbroker (as defined in 11 U.S.C. § 101(53A))
 Commodity Broker (as defined in 11 U.S.C. § 101(6))
 None of the above

13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. 1116(1)(B).

 No. I am not filing under Chapter 11. No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code. Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.**Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention****14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?**

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

 No. Yes.

What is the hazard?

If immediate attention is needed, why is it needed?

Where is the property?

Number, Street, City, State & Zip Code

Debtor 1 Jeffrey H. Stein
Debtor 2 Lisa J. Stein

Case number (if known)

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

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Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1 Jeffrey H. Stein
Debtor 2 Lisa J. Stein

Case number (if known)

Part 6: Answer These Questions for Reporting Purposes

16. What kind of debts do you have?	16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."		
	<input type="checkbox"/> No. Go to line 16b.		
	<input checked="" type="checkbox"/> Yes. Go to line 17.		
16b.	Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.		
	<input type="checkbox"/> No. Go to line 16c.		
	<input type="checkbox"/> Yes. Go to line 17.		
16c.	State the type of debts you owe that are not consumer debts or business debts		
<hr/>			
17. Are you filing under Chapter 7?	<input type="checkbox"/> No. I am not filing under Chapter 7. Go to line 18.		
Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?	<input checked="" type="checkbox"/> Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?		
	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes		
18. How many Creditors do you estimate that you owe?	<input type="checkbox"/> 1-49 <input checked="" type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999	<input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> More than 100,000
19. How much do you estimate your assets to be worth?	<input type="checkbox"/> \$0 - \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$500,000 <input checked="" type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$1,000,001 - \$10 million <input type="checkbox"/> \$10,000,001 - \$50 million <input type="checkbox"/> \$50,000,001 - \$100 million <input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> \$500,000,001 - \$1 billion <input type="checkbox"/> \$1,000,000,001 - \$10 billion <input type="checkbox"/> \$10,000,000,001 - \$50 billion <input type="checkbox"/> More than \$50 billion
20. How much do you estimate your liabilities to be?	<input type="checkbox"/> \$0 - \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$500,000 <input type="checkbox"/> \$500,001 - \$1 million	<input checked="" type="checkbox"/> \$1,000,001 - \$10 million <input type="checkbox"/> \$10,000,001 - \$50 million <input type="checkbox"/> \$50,000,001 - \$100 million <input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> \$500,000,001 - \$1 billion <input type="checkbox"/> \$1,000,000,001 - \$10 billion <input type="checkbox"/> \$10,000,000,001 - \$50 billion <input type="checkbox"/> More than \$50 billion

Part 7: Sign Below

For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Jeffrey H. Stein

Jeffrey H. Stein
Signature of Debtor 1

/s/ Lisa J. Stein

Lisa J. Stein
Signature of Debtor 2Executed on December 16, 2016
MM / DD / YYYYExecuted on December 16, 2016
MM / DD / YYYY

Debtor 1 Jeffrey H. Stein
Debtor 2 Lisa J. Stein

Case number (if known) _____

**For your attorney, if you are
represented by one**

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Dawn Kirby

Signature of Attorney for Debtor

Date

December 16, 2016

MM / DD / YYYY

Dawn Kirby

Printed name

DelBello Donnellan Weingarten Wise & Wiederkehr, LLP

Firm name

One North Lexington Avenue

White Plains, NY 10601

Number, Street, City, State & ZIP Code

Contact phone

(914) 681-0200

Email address

Bar number & State

Fill in this information to identify your case:

Debtor 1	Jeffrey H. Stein		
	First Name	Middle Name	Last Name
Debtor 2	Lisa J. Stein		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>SOUTHERN DISTRICT OF NEW YORK</u>			
Case number (if known) _____			

Check if this is an
amended filing

Official Form 106Sum**Summary of Your Assets and Liabilities and Certain Statistical Information**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1: Summarize Your Assets

		Your assets Value of what you own
1.	Schedule A/B: Property (Official Form 106A/B)	
1a.	Copy line 55, Total real estate, from Schedule A/B.....	\$ 900,000.00
1b.	Copy line 62, Total personal property, from Schedule A/B.....	\$ 5,950.00
1c.	Copy line 63, Total of all property on Schedule A/B.....	\$ 905,950.00

Part 2: Summarize Your Liabilities

		Your liabilities Amount you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)	
2a.	Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> ...	\$ 1,567,690.66
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)	
3a.	Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i>	\$ 0.00
3b.	Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i>	\$ 427,039.02
		Your total liabilities \$ 1,994,729.68

Part 3: Summarize Your Income and Expenses

4.	Schedule I: Your Income (Official Form 106I)	
	Copy your combined monthly income from line 12 of <i>Schedule I</i>	\$ 6,271.50
5.	Schedule J: Your Expenses (Official Form 106J)	
	Copy your monthly expenses from line 22c of <i>Schedule J</i>	\$ 10,882.80

Part 4: Answer These Questions for Administrative and Statistical Records

- Are you filing for bankruptcy under Chapters 7, 11, or 13?

No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Yes
- What kind of debt do you have?

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Debtor 1 Jeffrey H. Stein
Debtor 2 Lisa J. Stein

Case number (if known) _____

8. **From the Statement of Your Current Monthly Income:** Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$ 8,881.00

9. **Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:**

From Part 4 on Schedule E/F, copy the following:	Total claim
9a. Domestic support obligations (Copy line 6a.)	\$ 0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ 0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$ 0.00
9d. Student loans. (Copy line 6f.)	\$ 0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$ 0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$ 0.00
9g. Total. Add lines 9a through 9f.	\$ 0.00

Fill in this information to identify your case and this filing:

Debtor 1	Jeffrey H. Stein		
	First Name	Middle Name	Last Name
Debtor 2	Lisa J. Stein		
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: SOUTHERN DISTRICT OF NEW YORK			
Case number			

Check if this is an
amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

No. Go to Part 2.
 Yes. Where is the property?

1.1

3 Deborah Lane

Street address, if available, or other description

Chappaqua	NY	10514-0000
City	State	ZIP Code

Westchester

County

What is the property? Check all that apply

Single-family home
 Duplex or multi-unit building
 Condominium or cooperative
 Manufactured or mobile home
 Land
 Investment property
 Timeshare
 Other _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property?	Current value of the portion you own?
\$900,000.00	\$900,000.00

Who has an interest in the property? Check one

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Check if this is community property
(see instructions)

Other information you wish to add about this item, such as local property identification number:

Valuation Based on Debtors Estimate. A Broker's Opinion Letter to be provided.

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....=>

\$900,000.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

No
 Yes

Debtor 1 Jeffrey H. Stein
Debtor 2 Lisa J. Stein

Case number (if known) _____

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories*Examples:* Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

No
 Yes

5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....=>

\$0.00

Part 3: Describe Your Personal and Household Items**Do you own or have any legal or equitable interest in any of the following items?****Current value of the portion you own?**
Do not deduct secured claims or exemptions.**6. Household goods and furnishings***Examples:* Major appliances, furniture, linens, china, kitchenware

No
 Yes. Describe.....

Miscellaneous Household Furnishings:
Living Room: Couch, Chair, Glass Coffee Table, Wood Table, End Table, and Armoire
Dining Room Table with 8 Chairs
Family Room: Couch, Wood Coffee Table, Chairs, and Rug
Kitchen: Wood Table with Chairs, Refrigerator, Oven, Cooktop, Microwave, Toaster, Dishware, and Cookware
Bedrooms: 3 Beds, 5 Night Stands, 2 Desks, and 2 Dressers
Additional Room: 2 Couches and Desk

\$3,000.00

7. Electronics*Examples:* Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

No
 Yes. Describe.....

4 Televisions, I-Pad, and 2 Children's Laptops

\$600.00

8. Collectibles of value*Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

No
 Yes. Describe.....

4 Paintings

\$1,000.00

9. Equipment for sports and hobbies*Examples:* Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

No
 Yes. Describe.....

Treadmill and Ping Pong Table

\$25.00

10. Firearms*Examples:* Pistols, rifles, shotguns, ammunition, and related equipment

No
 Yes. Describe.....

Debtor 1 Jeffrey H. Stein
Debtor 2 Lisa J. Stein

Case number (if known) _____

38 Smith & Wesson Caliber Pistol \$25.00

22 Caliber Pistol \$25.00

11. Clothes

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

 No Yes. Describe.....

Miscellaneous Wearing Apparel \$350.00

Miscellaneous Wearing Apparel \$350.00

12. Jewelry

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

 No Yes. Describe.....

Fossil Watch \$50.00

Men's Gold Chain \$300.00

5 Costume Jewelry Rings
4 Pairs of Costume Jewelry Earrings
4 Costume Jewelry Bracelets
2 Costume Jewelry Necklaces \$100.00

Michael Kors Watch \$10.00

Gold Chain with Jewish Star Charm \$50.00

13. Non-farm animals

Examples: Dogs, cats, birds, horses

 No Yes. Describe.....

Shitzu Dog \$0.00

14. Any other personal and household items you did not already list, including any health aids you did not list

 No Yes. Give specific information.....

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here \$5,885.00

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

Debtor 1 Jeffrey H. Stein
Debtor 2 Lisa J. Stein

Case number (if known) _____

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit

No
 Yes. Give specific information about them...

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

No
 Yes. Give specific information about them...

27. Licenses, franchises, and other general intangibles

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

No
 Yes. Give specific information about them...

Money or property owed to you?

Current value of the portion you own?
 Do not deduct secured claims or exemptions.

28. Tax refunds owed to you

No
 Yes. Give specific information about them, including whether you already filed the returns and the tax years.....

29. Family support

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

No
 Yes. Give specific information.....

30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

No
 Yes. Give specific information..

31. Interests in insurance policies

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

No
 Yes. Name the insurance company of each policy and list its value.

Company name:

Beneficiary:

Surrender or refund value:

Term Life Insurance Policy with
Edward K. Meyer

Lisa Stein

\$0.00

Term Life Insurance Policy with
Edward K. Meyer

Lisa Stein

\$0.00

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

No
 Yes. Give specific information..

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment

Examples: Accidents, employment disputes, insurance claims, or rights to sue

No
 Yes. Describe each claim.....

Debtor 1 Jeffrey H. Stein
Debtor 2 Lisa J. Stein

Case number (if known) _____

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims

No
 Yes. Describe each claim.....

35. Any financial assets you did not already list

No
 Yes. Give specific information..

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....

\$65.00

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.**37. Do you own or have any legal or equitable interest in any business-related property?**

No. Go to Part 6.
 Yes. Go to line 38.

Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.
If you own or have an interest in farmland, list it in Part 1.**46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?**

No. Go to Part 7.
 Yes. Go to line 47.

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above**53. Do you have other property of any kind you did not already list?**

Examples: Season tickets, country club membership

No
 Yes. Give specific information.....

54. Add the dollar value of all of your entries from Part 7. Write that number here

\$0.00

Part 8: List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2		\$900,000.00
56. Part 2: Total vehicles, line 5	\$0.00	
57. Part 3: Total personal and household items, line 15	\$5,885.00	
58. Part 4: Total financial assets, line 36	\$65.00	
59. Part 5: Total business-related property, line 45	\$0.00	
60. Part 6: Total farm- and fishing-related property, line 52	\$0.00	
61. Part 7: Total other property not listed, line 54	\$0.00	
62. Total personal property. Add lines 56 through 61...	\$5,950.00	Copy personal property total \$5,950.00
63. Total of all property on Schedule A/B. Add line 55 + line 62		\$905,950.00

Fill in this information to identify your case:

Debtor 1	Jeffrey H. Stein		
	First Name	Middle Name	Last Name
Debtor 2	Lisa J. Stein		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:		SOUTHERN DISTRICT OF NEW YORK	
Case number (if known)			

Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)

You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from <i>Schedule A/B</i>	Check only one box for each exemption.	
Miscellaneous Household Furnishings: Living Room: Couch, Chair, Glass Coffee Table, Wood Table, End Table, and Amoire Dining Room Table with 8 Chairs Family Room: Couch, Wood Coffee Table, Chairs, and Rug Kitchen: Wood Table with Chairs, Refrigerator, Line from <i>Schedule A/B</i> : 6.1	\$3,000.00	<input checked="" type="checkbox"/> \$3,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	NYCPLR § 5205(a)(5)
4 Televisions, I-Pad, and 2 Children's Laptops Line from <i>Schedule A/B</i> : 7.1	\$600.00	<input checked="" type="checkbox"/> \$600.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	NYCPLR § 5205(a)(5)
4 Paintings Line from <i>Schedule A/B</i> : 8.1	\$1,000.00	<input checked="" type="checkbox"/> \$1,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	NYCPLR § 5205(a)(2)
Treadmill and Ping Pong Table Line from <i>Schedule A/B</i> : 9.1	\$25.00	<input checked="" type="checkbox"/> \$25.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Debtor & Creditor Law § 283(1)

Debtor 1 Jeffrey H. Stein
Debtor 2 Lisa J. Stein

Case number (if known)

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption.	Specific laws that allow exemption
38 Smith & Wesson Caliber Pistol Line from Schedule A/B: 10.1	\$25.00	<input checked="" type="checkbox"/> \$25.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Debtor & Creditor Law § 283(1)
22 Caliber Pistol Line from Schedule A/B: 10.2	\$25.00	<input checked="" type="checkbox"/> \$25.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Debtor & Creditor Law § 283(1)
Miscellaneous Wearing Apparel Line from Schedule A/B: 11.1	\$350.00	<input checked="" type="checkbox"/> \$350.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	NYCPLR § 5205(a)(5)
Miscellaneous Wearing Apparel Line from Schedule A/B: 11.2	\$350.00	<input checked="" type="checkbox"/> \$350.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	NYCPLR § 5205(a)(5)
Fossil Watch Line from Schedule A/B: 12.1	\$50.00	<input checked="" type="checkbox"/> \$50.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	NYCPLR § 5205(a)(6)
Men's Gold Chain Line from Schedule A/B: 12.2	\$300.00	<input checked="" type="checkbox"/> \$300.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	NYCPLR § 5205(a)(6)
5 Costume Jewelry Rings 4 Pairs of Costume Jewelry Earrings 4 Costume Jewelry Bracelets 2 Costume Jewelry Necklaces Line from Schedule A/B: 12.3	\$100.00	<input checked="" type="checkbox"/> \$100.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	NYCPLR § 5205(a)(6)
Michael Kors Watch Line from Schedule A/B: 12.4	\$10.00	<input checked="" type="checkbox"/> \$10.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	NYCPLR § 5205(a)(6)
Gold Chain with Jewish Star Charm Line from Schedule A/B: 12.5	\$50.00	<input checked="" type="checkbox"/> \$50.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	NYCPLR § 5205(a)(6)
Cash on Hand Line from Schedule A/B: 16.1	\$40.00	<input checked="" type="checkbox"/> \$40.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Debtor & Creditor Law § 283(1)
Secure Credit Card Account: USAA Federal Savings Bank (Account Ending in 1659) Line from Schedule A/B: 17.1	\$25.00	<input checked="" type="checkbox"/> \$25.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	NYCPLR § 5205(d)(2)

Debtor 1 Jeffrey H. Stein
Debtor 2 Lisa J. Stein

Case number (if known)

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
Copy the value from <i>Schedule A/B</i>			
Term Life Insurance Policy with Edward K. Meyer Beneficiary: Lisa Stein Line from <i>Schedule A/B</i> : 31.1	\$0.00	<input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	NY Ins. Law § 3212, Est. Pow. & Tr. § 7-1.5, NYCPLR § 5205(i)
Term Life Insurance Policy with Edward K. Meyer Beneficiary: Lisa Stein Line from <i>Schedule A/B</i> : 31.2	\$0.00	<input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	NY Ins. Law § 3212, Est. Pow. & Tr. § 7-1.5, NYCPLR § 5205(i)

3. Are you claiming a homestead exemption of more than \$160,375?

(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

 No Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case? No Yes

Fill in this information to identify your case:

Debtor 1	Jeffrey H. Stein		
	First Name	Middle Name	Last Name
Debtor 2	Lisa J. Stein		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:		SOUTHERN DISTRICT OF NEW YORK	
Case number (if known)			

Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.

Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

2.1	American Express	Describe the property that secures the claim:	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
	Creditor's Name Po Box 297871 Fort Lauderdale, FL 33329 Number, Street, City, State & Zip Code		\$12,523.39	\$0.00	\$12,523.39

Po Box 297871
Fort Lauderdale, FL 33329

Number, Street, City, State & Zip Code

Who owes the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim relates to a community debt

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Nature of lien. Check all that apply.

An agreement you made (such as mortgage or secured car loan)
 Statutory lien (such as tax lien, mechanic's lien)
 Judgment lien from a lawsuit
 Other (including a right to offset) _____

Date debt was incurred _____

Last 4 digits of account number _____

2.2	American Express	Describe the property that secures the claim:	Column A Amount of claim	Column B Value of collateral	Column C Unsecured portion If any
	Creditor's Name Po Box 297871 Fort Lauderdale, FL 33329 Number, Street, City, State & Zip Code		\$44,006.57	\$0.00	\$44,006.57

Po Box 297871
Fort Lauderdale, FL 33329

Number, Street, City, State & Zip Code

Who owes the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim relates to a community debt

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Nature of lien. Check all that apply.

An agreement you made (such as mortgage or secured car loan)
 Statutory lien (such as tax lien, mechanic's lien)
 Judgment lien from a lawsuit
 Other (including a right to offset) _____

Date debt was incurred _____

Last 4 digits of account number _____

Debtor 1 Jeffrey H. Stein
 First Name _____ Middle Name _____ Last Name _____
 Case number (if known) _____

Debtor 2 Lisa J. Stein
 First Name _____ Middle Name _____ Last Name _____

2.3 Applied Card Bank
 Creditor's Name _____

Describe the property that secures the claim:	\$3,127.05	\$0.00	\$3,127.05
---	------------	--------	------------

P.O. BOX 17123
 Wilmington, DE 19850

Number, Street, City, State & Zip Code

Who owes the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim relates to a community debt

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Nature of lien. Check all that apply.

An agreement you made (such as mortgage or secured car loan)
 Statutory lien (such as tax lien, mechanic's lien)
 Judgment lien from a lawsuit
 Other (including a right to offset) _____

Date debt was incurred _____

Last 4 digits of account number _____

2.4 Applied Card Bank
 Creditor's Name _____

Describe the property that secures the claim:	\$3,283.34	\$0.00	\$3,283.34
---	------------	--------	------------

P.O. BOX 17123
 Wilmington, DE 19850

Number, Street, City, State & Zip Code

Who owes the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim relates to a community debt

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Nature of lien. Check all that apply.

An agreement you made (such as mortgage or secured car loan)
 Statutory lien (such as tax lien, mechanic's lien)
 Judgment lien from a lawsuit
 Other (including a right to offset) _____

Date debt was incurred _____

Last 4 digits of account number _____

2.5 CACH LLC
 Creditor's Name _____

Describe the property that secures the claim:	\$7,401.09	\$0.00	\$7,401.09
---	------------	--------	------------

370 17th Street Ste 5000
 Denver, CO 80202

Number, Street, City, State & Zip Code

Who owes the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim relates to a community debt

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Nature of lien. Check all that apply.

An agreement you made (such as mortgage or secured car loan)
 Statutory lien (such as tax lien, mechanic's lien)
 Judgment lien from a lawsuit
 Other (including a right to offset) _____

Date debt was incurred _____

Last 4 digits of account number _____

2.6 Capital One Bank Usa N
 Creditor's Name _____

Describe the property that secures the claim:	\$26,185.00	\$0.00	\$26,185.00
---	-------------	--------	-------------

Debtor 1	Jeffrey H. Stein	Case number (if known)
	First Name Middle Name Last Name	
Debtor 2	Lisa J. Stein	
	First Name Middle Name Last Name	
Creditor's Name		Miscellaneous Consumer Purchases
15000 Capital One Dr Richmond, VA 23238		As of the date you file, the claim is: Check all that apply.
Number, Street, City, State & Zip Code		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
Who owes the debt? Check one.		
<input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt		
Opened 01/06 Last Active		Nature of lien. Check all that apply.
Date debt was incurred 6/30/10		<input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input checked="" type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____
2.7	Discover Financial Services	Last 4 digits of account number 6470
Creditor's Name		Describe the property that secures the claim: \$26,254.47 \$0.00 \$26,254.47
Po Box 15316 Wilmington, DE 19850		Miscellaneous Consumer Purchases
Number, Street, City, State & Zip Code		As of the date you file, the claim is: Check all that apply.
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt		
Opened 05/06 Last Active		Nature of lien. Check all that apply.
Date debt was incurred 7/02/10		<input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input checked="" type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____
2.8	Forgione Carmela	Last 4 digits of account number 4017
Creditor's Name		Describe the property that secures the claim: \$5,309.73 \$0.00 \$5,309.73
249 Park Avenue West Harrison, NY 10604		Debtors believe this debt was improperly listed on their credit report.
Number, Street, City, State & Zip Code		As of the date you file, the claim is: Check all that apply.
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another		
Who owes the debt? Check one.		
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another		
Nature of lien. Check all that apply.		
<input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input checked="" type="checkbox"/> Judgment lien from a lawsuit		

Debtor 1	Jeffrey H. Stein	Case number (if known)
First Name	Middle Name	Last Name
Debtor 2	Lisa J. Stein	
First Name	Middle Name	Last Name

Check if this claim relates to a community debt Other (including a right to offset) _____

Date debt was incurred _____ Last 4 digits of account number _____

2.9	HSBC Mortgage Corp. (USA)	Describe the property that secures the claim:	\$189,064.24	\$900,000.00	\$0.00
	Creditor's Name	3 Deborah Lane Chappaqua, NY 10514			

P.O. Box 37278
Baltimore, MD 21297-3278
Number, Street, City, State & Zip Code

Who owes the debt? Check one.

Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt

Nature of lien. Check all that apply.

An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset) Home Equity Line of Credit

Date debt was incurred _____ Last 4 digits of account number 6159

2.1	Internal Revenue Service	Describe the property that secures the claim:	\$0.00	\$0.00	\$0.00
0	Creditor's Name	Debtors believe this debt was improperly listed on their credit report.			

PO Box 7346
Philadelphia, PA
19101-7346
Number, Street, City, State & Zip Code

Who owes the debt? Check one.

Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt

Nature of lien. Check all that apply.

An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset) _____

Date debt was incurred _____ Last 4 digits of account number _____

2.1	Internal Revenue Service	Describe the property that secures the claim:	\$0.00	\$0.00	\$0.00
1	Creditor's Name	Debtors believe this debt was improperly listed on their credit report.			

PO Box 7346
Philadelphia, PA
19101-7346
Number, Street, City, State & Zip Code

Who owes the debt? Check one.

Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only

Nature of lien. Check all that apply.

An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien)

Debtor 1	Jeffrey H. Stein			Case number (if known)		
	First Name	Middle Name	Last Name			
Debtor 2	Lisa J. Stein					
	First Name	Middle Name	Last Name			
<input checked="" type="checkbox"/> At least one of the debtors and another			<input checked="" type="checkbox"/> Judgment lien from a lawsuit			
<input checked="" type="checkbox"/> Check if this claim relates to a community debt			<input type="checkbox"/> Other (including a right to offset)			
Date debt was incurred		Last 4 digits of account number				
2.1 2	JST Capital Inc.		Describe the property that secures the claim:	\$2,713.51	\$0.00	\$2,713.51
Creditor's Name						
401 Railroad Avenue Westbury, NY 11590						
Number, Street, City, State & Zip Code						
Who owes the debt? Check one.						
<input checked="" type="checkbox"/> Debtor 1 only						
<input type="checkbox"/> Debtor 2 only						
<input type="checkbox"/> Debtor 1 and Debtor 2 only						
<input type="checkbox"/> At least one of the debtors and another						
<input type="checkbox"/> Check if this claim relates to a community debt						
As of the date you file, the claim is: Check all that apply.						
<input type="checkbox"/> Contingent						
<input type="checkbox"/> Unliquidated						
<input type="checkbox"/> Disputed						
Nature of lien. Check all that apply.						
<input type="checkbox"/> An agreement you made (such as mortgage or secured car loan)						
<input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)						
<input checked="" type="checkbox"/> Judgment lien from a lawsuit						
<input type="checkbox"/> Other (including a right to offset)						
Date debt was incurred		Last 4 digits of account number				
2.1 3	Midland Funding		Describe the property that secures the claim:	\$3,939.69	\$0.00	\$3,939.69
Creditor's Name						
8875 Aero Dr Suite 200 San Diego, CA 92123						
Number, Street, City, State & Zip Code						
Who owes the debt? Check one.						
<input type="checkbox"/> Debtor 1 only						
<input checked="" type="checkbox"/> Debtor 2 only						
<input type="checkbox"/> Debtor 1 and Debtor 2 only						
<input type="checkbox"/> At least one of the debtors and another						
<input type="checkbox"/> Check if this claim relates to a community debt						
As of the date you file, the claim is: Check all that apply.						
<input type="checkbox"/> Contingent						
<input type="checkbox"/> Unliquidated						
<input type="checkbox"/> Disputed						
Nature of lien. Check all that apply.						
<input type="checkbox"/> An agreement you made (such as mortgage or secured car loan)						
<input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)						
<input checked="" type="checkbox"/> Judgment lien from a lawsuit						
<input type="checkbox"/> Other (including a right to offset)						
Date debt was incurred		Last 4 digits of account number				
2.1 4	Midland Funding		Describe the property that secures the claim:	\$10,078.23	\$0.00	\$10,078.23
Creditor's Name						
8875 Aero Dr Suite 200 San Diego, CA 92123						
Number, Street, City, State & Zip Code						
Who owes the debt? Check one.						
<input checked="" type="checkbox"/> Debtor 1 only						
<input type="checkbox"/> Debtor 2 only						
As of the date you file, the claim is: Check all that apply.						
<input type="checkbox"/> Contingent						
<input type="checkbox"/> Unliquidated						
<input type="checkbox"/> Disputed						
Nature of lien. Check all that apply.						
<input type="checkbox"/> An agreement you made (such as mortgage or secured car loan)						

Debtor 1	Jeffrey H. Stein	Case number (if known)			
	First Name _____ Middle Name _____ Last Name _____	_____			
Debtor 2	Lisa J. Stein	Case number (if known)			
	First Name _____ Middle Name _____ Last Name _____	_____			
<p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)</p> <p><input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Judgment lien from a lawsuit</p> <p><input type="checkbox"/> Check if this claim relates to a community debt <input type="checkbox"/> Other (including a right to offset) _____</p>					
Date debt was incurred _____		Last 4 digits of account number _____			
2.1 5	<p>NYS Tax Commission Creditor's Name Dept. of Taxation and Finance Building 9, W.A. Harriman Camp Albany, NY 12227 Number, Street, City, State & Zip Code</p>	<p>Describe the property that secures the claim: Debtors believe this debt was improperly listed on their credit report.</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Nature of lien. Check all that apply.</p> <p><input type="checkbox"/> An agreement you made (such as mortgage or secured car loan)</p> <p><input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)</p> <p><input checked="" type="checkbox"/> Judgment lien from a lawsuit</p> <p><input type="checkbox"/> Other (including a right to offset) _____</p>	\$0.00	\$0.00	\$0.00
Who owes the debt? Check one.					
<p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim relates to a community debt</p>					
Date debt was incurred _____		Last 4 digits of account number _____			
2.1 6	<p>NYS Tax Commission Creditor's Name Dept. of Taxation and Finance Building 9, W.A. Harriman Camp Albany, NY 12227 Number, Street, City, State & Zip Code</p>	<p>Describe the property that secures the claim: Debtors believe this debt was improperly listed on their credit report.</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Nature of lien. Check all that apply.</p> <p><input type="checkbox"/> An agreement you made (such as mortgage or secured car loan)</p> <p><input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)</p> <p><input checked="" type="checkbox"/> Judgment lien from a lawsuit</p> <p><input type="checkbox"/> Other (including a right to offset) _____</p>	\$0.00	\$0.00	Unknown
Who owes the debt? Check one.					
<p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim relates to a community debt</p>					
Date debt was incurred 6/18/2007		Last 4 digits of account number _____			
2.1 7	<p>Select Portfolio Servicing Creditor's Name The Bank of New York Mellon Po Box 65250 Salt Lake City, UT 84165 Number, Street, City, State & Zip Code</p>	<p>Describe the property that secures the claim: 3 Deborah Lane Chappaqua, NY 10514</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Nature of lien. Check all that apply.</p>	\$1,233,804.35	\$900,000.00	\$522,868.59
Who owes the debt? Check one.					

Debtor 1	Jeffrey H. Stein			Case number (if known)
	First Name	Middle Name	Last Name	
Debtor 2	Lisa J. Stein			
	First Name	Middle Name	Last Name	
<input checked="" type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim relates to a community debt <input checked="" type="checkbox"/> Other (including a right to offset) First Mortgage				
Opened 07/06 Last Active Date debt was incurred 2/01/10 Last 4 digits of account number 2755				

Add the dollar value of your entries in Column A on this page. Write that number here:

If this is the last page of your form, add the dollar value totals from all pages.
Write that number here:

\$1,567,690.66

\$1,567,690.66

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

<input type="checkbox"/>	Name, Number, Street, City, State & Zip Code Applied Bank Forster & Garbus, LLP 60 Vanderbilt Motor Pkwy Commack, NY 11725	On which line in Part 1 did you enter the creditor? <u>2.3</u>
<input type="checkbox"/>	Name, Number, Street, City, State & Zip Code Applied Bank 800 Delaware Avenue Wilmington, DE 19801	On which line in Part 1 did you enter the creditor? <u>2.3</u>
<input type="checkbox"/>	Name, Number, Street, City, State & Zip Code Capital One Bank USA NA 4851 Cox Road Glen Allen, VA 23060	On which line in Part 1 did you enter the creditor? <u>2.6</u>
<input type="checkbox"/>	Name, Number, Street, City, State & Zip Code Cohen & Slamowitz 199 Crossways Park Drive P.O. Box 9004 Woodbury, NY 11797-9001	On which line in Part 1 did you enter the creditor? <u>2.7</u>
<input type="checkbox"/>	Name, Number, Street, City, State & Zip Code Discover Bank Selip & Styplainow, LLP 199 Crossways Park Drive Woodbury, NY 11797-9004	On which line in Part 1 did you enter the creditor? <u>2.7</u>
<input type="checkbox"/>	Name, Number, Street, City, State & Zip Code Discover Bank 6500 New Albany Road Plain City, OH 43064	On which line in Part 1 did you enter the creditor? <u>2.7</u>

Debtor 1	Jeffrey H. Stein			Case number (if known)	_____
	First Name	Middle Name	Last Name		
Debtor 2	Lisa J. Stein			Case number (if known)	_____
	First Name	Middle Name	Last Name		
<input type="checkbox"/>	Name, Number, Street, City, State & Zip Code Jaffe & Asher, LLP 600 Third Ave New York, NY 10016			On which line in Part 1 did you enter the creditor?	<u>2.2</u>
<input type="checkbox"/>	Name, Number, Street, City, State & Zip Code Malen & Associates PC 123 Frost Street Westbury, NY 11590			Last 4 digits of account number	_____
<input type="checkbox"/>	Name, Number, Street, City, State & Zip Code Mullooly Jeffrey Rooney & Flynn 6851 Jericho Tpke. Ste220 Syosset, NY 11791			On which line in Part 1 did you enter the creditor?	<u>2.12</u>
<input type="checkbox"/>	Name, Number, Street, City, State & Zip Code Owen Robinson, Esq. Rosicki, Rosicki & Associates 51 East Bethpage Road Plainview, NY 11803			Last 4 digits of account number	_____
<input type="checkbox"/>	Name, Number, Street, City, State & Zip Code Rubin & Rothman, LLC Attorneys at Law 1787 Veterans Hghwy, Ste 32 Islandia, NY 11749			On which line in Part 1 did you enter the creditor?	<u>2.6</u>
<input type="checkbox"/>	Name, Number, Street, City, State & Zip Code Zwicker & Associates, P.C. Attorneys at Law 80 Minuteman Road Andover, MA 01810			Last 4 digits of account number	_____
<input type="checkbox"/>				On which line in Part 1 did you enter the creditor?	<u>2.1</u>
<input type="checkbox"/>				Last 4 digits of account number	_____

Fill in this information to identify your case:

Debtor 1	Jeffrey H. Stein		
	First Name	Middle Name	Last Name
Debtor 2	Lisa J. Stein		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	SOUTHERN DISTRICT OF NEW YORK		
Case number (if known)			

Check if this is an
amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

No. Go to Part 2.
 Yes.

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

No. You have nothing to report in this part. Submit this form to the court with your other schedules.
 Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

		Total claim	
4.1	American Express Nonpriority Creditor's Name Po Box 297871 Fort Lauderdale, FL 33329 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 8623 Opened 08/89 Last Active 12/08/10 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts Miscellaneous Consumer and Business <input checked="" type="checkbox"/> Other. Specify Purchases Related to Valley Rebuilders, Inc.	\$14,376.00

Debtor 1 Jeffrey H. Stein
Debtor 2 Lisa J. Stein

Case number (if known)

4.2	American Express Nonpriority Creditor's Name Po Box 297871 Fort Lauderdale, FL 33329 Number Street City State Zip Code	Last 4 digits of account number <u>4000</u>	\$40,561.91
When was the debt incurred? _____			
As of the date you file, the claim is: Check all that apply			
Who incurred the debt? Check one.			
<input checked="" type="checkbox"/> Debtor 1 only			
<input type="checkbox"/> Debtor 2 only			
<input type="checkbox"/> Debtor 1 and Debtor 2 only			
<input type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> Check if this claim is for a community debt			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans			
<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims			
<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
<input checked="" type="checkbox"/> Other. Specify <u>Miscellaneous Consumer Purchases</u>			
4.3	American Honda Finance Nonpriority Creditor's Name 600 Kelly Way Holyoke, MA 01040 Number Street City State Zip Code	Last 4 digits of account number <u>8442</u>	\$20,486.00
When was the debt incurred? <u>Opened 10/09 Last Active 9/02/10</u>			
As of the date you file, the claim is: Check all that apply			
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only			
<input type="checkbox"/> Debtor 2 only			
<input type="checkbox"/> Debtor 1 and Debtor 2 only			
<input checked="" type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> Check if this claim is for a community debt			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans			
<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims			
<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
Business Debt Related to Valley Rebuilders, Inc. for Automobile			
<input checked="" type="checkbox"/> Other. Specify <u>Deficiency on 2010 Honda Fit</u>			
4.4	American Honda Finance Nonpriority Creditor's Name 600 Kelly Way Holyoke, MA 01040 Number Street City State Zip Code	Last 4 digits of account number <u>8424</u>	\$20,456.00
When was the debt incurred? <u>Opened 10/09 Last Active 9/02/10</u>			
As of the date you file, the claim is: Check all that apply			
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only			
<input type="checkbox"/> Debtor 2 only			
<input type="checkbox"/> Debtor 1 and Debtor 2 only			
<input checked="" type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> Check if this claim is for a community debt			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans			
<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims			
<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
Business Debt Related to Valley Rebuilders, Inc. for Automobile			
<input checked="" type="checkbox"/> Other. Specify <u>Deficiency on 2010 Honda Fit</u>			

Debtor 1 Jeffrey H. Stein
Debtor 2 Lisa J. Stein

Case number (if known)

4.5	American Honda Finance Nonpriority Creditor's Name	Last 4 digits of account number	8433	\$9,188.00
	600 Kelly Way Holyoke, MA 01040 Number Street City State Zip Code	When was the debt incurred?	Opened 10/09 Last Active 9/02/10	
	As of the date you file, the claim is: Check all that apply			
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Contingent <input type="checkbox"/> Yes <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Disputed <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts Business Debt Related to Valley Rebuilders, Inc. for Automobile <input checked="" type="checkbox"/> Other. Specify <u>Deficiency on 2010 Honda Fit</u>			
4.6	American Honda Finance Nonpriority Creditor's Name	Last 4 digits of account number	8415	\$8,758.00
	600 Kelly Way Holyoke, MA 01040 Number Street City State Zip Code	When was the debt incurred?	Opened 10/09 Last Active 9/02/10	
	As of the date you file, the claim is: Check all that apply			
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Contingent <input type="checkbox"/> Yes <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Disputed <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts Business Debt Related to Valley Rebuilders, Inc. for Automobile <input checked="" type="checkbox"/> Other. Specify <u>Deficiency on 2010 Honda Fit</u>			
4.7	Bank of America Nonpriority Creditor's Name Bankruptcy Department 4161 Tredmont Pkwy NC4-1050314 Greensboro, NC 27410 Number Street City State Zip Code	Last 4 digits of account number	0465	\$6,448.92
	When was the debt incurred?			
	As of the date you file, the claim is: Check all that apply			
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Contingent <input type="checkbox"/> Yes <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Disputed <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Miscellaneous Consumer Purchases</u>			

Debtor 1 Jeffrey H. Stein

Debtor 2 Lisa J. Stein

Case number (if known)

4.8	Bedford Anesthesia Nonpriority Creditor's Name 110 South Bedford Road Mount Kisco, NY 10549 Number Street City State Zip Code	Last 4 digits of account number	10BA
		When was the debt incurred?	8/5/2015
	As of the date you file, the claim is: Check all that apply		
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify Medical Debt <input type="checkbox"/> Yes		
4.9	Bloomingdales DSNB Nonpriority Creditor's Name Attn: Bankruptcy Po Box 8053 Mason, OH 45040 Number Street City State Zip Code	Last 4 digits of account number	5551
		When was the debt incurred?	Opened 12/96 Last Active 6/23/10
	As of the date you file, the claim is: Check all that apply		
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify Miscellaneous Consumer Purchases <input type="checkbox"/> Yes		
4.1 0	Bruce Molinelli MD, LLC Nonpriority Creditor's Name 31 River Road, Suite 102 Cos Cob, CT 06807 Number Street City State Zip Code	Last 4 digits of account number	1519
		When was the debt incurred?	11/13/2015
	As of the date you file, the claim is: Check all that apply		
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify Medical Debt <input type="checkbox"/> Yes		

Debtor 1 Jeffrey H. Stein
Debtor 2 Lisa J. Stein

Case number (if known) _____

4.1 1	<p>Capital One Bank Usa N Nonpriority Creditor's Name</p> <p>15000 Capital One Dr Richmond, VA 23238 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 3505</p> <p>When was the debt incurred? Opened 11/08 Last Active 8/05/10</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Miscellaneous Consumer Purchases</u></p>	\$7,218.00
4.1 2	<p>Capital One Bank USA NA Nonpriority Creditor's Name</p> <p>15000 Capital One Dr Richmond, VA 23238 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 0959</p> <p>When was the debt incurred? Opened 09/15 Last Active 11/18/16</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Miscellaneous Consumer Purchases</u></p>	\$492.00
4.1 3	<p>Caremount Medical Nonpriority Creditor's Name</p> <p>P.O. Box 7247 19170-6840 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 6412</p> <p>When was the debt incurred? 10/27/2016</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Medical Debt</u></p>	\$25.00

Debtor 1 Jeffrey H. Stein
Debtor 2 Lisa J. Stein

Case number (if known)

4.1 4	<p>Caremount Medical Nonpriority Creditor's Name P.O. Box 7247 19170-6840 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 9571</p> <p>When was the debt incurred? 2013</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Medical Debt</u></p>	\$1,944.65
4.1 5	<p>CB Of The Hudson Valley Nonpriority Creditor's Name 155 N Plank Rd Newburgh, NY 12550 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 0792</p> <p>When was the debt incurred? Opened 07/15</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Collection Attorney Culligan Of Danbury</u></p>	\$3,811.00
4.1 6	<p>CCS/First National Bank Nonpriority Creditor's Name 500 East 60th St North Sioux Falls, SD 57104 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 8948</p> <p>When was the debt incurred? Opened 02/16 Last Active 11/03/16</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Miscellaneous Consumer Purchases</u></p>	\$564.00

Debtor 1 Jeffrey H. Stein
Debtor 2 Lisa J. Stein

Case number (if known) _____

4.1 7	<p>Chase Card Nonpriority Creditor's Name</p> <p>Po Box 15298 Wilmington, DE 19850</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 9838</p> <p>When was the debt incurred? Opened 10/08 Last Active 6/18/10</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p>Miscellaneous Consumer and Business</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Purchases Related to Valley Builders, Inc.</u></p>	<p>\$25,501.00</p>
4.1 8	<p>Chase Card Nonpriority Creditor's Name</p> <p>Po Box 15298 Wilmington, DE 19850</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 3314</p> <p>When was the debt incurred? Opened 11/07 Last Active 6/23/10</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p>Miscellaneous Consumer and Business</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Purchases Related to Valley Builders, Inc.</u></p>	<p>\$2,780.00</p>
4.1 9	<p>Citibank N.A. Nonpriority Creditor's Name</p> <p>JH Portfolio Debt Equity 5757 Phantom Dr Ste 225 Hazelwood, MO 63042</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 8573</p> <p>When was the debt incurred? Opened 03/14</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p>Miscellaneous Consumer and Business</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Miscellaneous Consumer Purchases</u></p>	<p>\$28,998.00</p>

Debtor 1 Jeffrey H. Stein
Debtor 2 Lisa J. Stein

Case number (if known)

4.2 0	<p>Citibank, N.A. Nonpriority Creditor's Name 701 East 60th Street North Sioux Falls, SD 57117 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Student loans</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Miscellaneous Consumer Purchases</u></p>	Last 4 digits of account number <u>9962</u>	\$28,997.89
<p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply</p>			
<p>Citizens Bank Nonpriority Creditor's Name 1000 Lafayette Blvd Bridgeport, CT 06604 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Student loans</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Miscellaneous Consumer and Business Purchases Related to Valley Builders, Inc.</u></p>			
<p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply</p>			
4.2 1	<p>Cohen Dermatopathology Nonpriority Creditor's Name P.O. Box 414913 Boston, MA 02241-4913 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Student loans</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Medical Debt</u></p>	Last 4 digits of account number <u>1013</u>	\$360.43
<p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply</p>			

Debtor 1 Jeffrey H. Stein
Debtor 2 Lisa J. Stein

Case number (if known) _____

4.2 3	Credit One Bank NA Nonpriority Creditor's Name Po Box 98872 Las Vegas, NV 89193 Number Street City State Zip Code	Last 4 digits of account number When was the debt incurred?	8818 Opened 09/15 Last Active 10/07/16
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Miscellaneous Consumer Purchases</u>	
4.2 4	Credit One Bank NA Nonpriority Creditor's Name LNVN Funding, LLC Po Box 98872 Las Vegas, NV 89193 Number Street City State Zip Code	Last 4 digits of account number When was the debt incurred?	1701 1701
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Miscellaneous Consumer Purchases</u>	
4.2 5	David N. Zuckerberg, M.D. Nonpriority Creditor's Name 400 Main Street Mount Kisco, NY 10549 Number Street City State Zip Code	Last 4 digits of account number When was the debt incurred?	0144 11/8/2016
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Debt for Minor Child</u>	

Debtor 1 Jeffrey H. Stein
Debtor 2 Lisa J. Stein

Case number (if known)

4.2
6

Discover	Last 4 digits of account number	9068	\$1,924.00
Nonpriority Creditor's Name			
9111 Duke Blvd Mason, OH 45040	When was the debt incurred?	Opened 11/07 Last Active 8/03/10	
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply		
Who incurred the debt? Check one.	<input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another		
Check if this claim is for a community debt	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Is the claim subject to offset?	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
<input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <u>Miscellaneous Consumer Purchases</u>		

4.2
7

Kohls/capone	Last 4 digits of account number	8152	\$1,621.00
Nonpriority Creditor's Name			
N56 W 17000 Ridgewood Dr Menomonee Falls, WI 53051	When was the debt incurred?	Opened 6/27/02 Last Active 5/21/10	
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply		
Who incurred the debt? Check one.	<input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another		
Check if this claim is for a community debt	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Is the claim subject to offset?	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
<input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <u>Miscellaneous Consumer Purchases</u>		

4.2
8

MBNA	Last 4 digits of account number	9122	\$20,663.00
Nonpriority Creditor's Name			
P.O. Box 17054 Wilmington, DE 19850	When was the debt incurred?	Opened 03/13	
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply		
Who incurred the debt? Check one.	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another		
Check if this claim is for a community debt	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Is the claim subject to offset?	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
<input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <u>Miscellaneous Consumer Purchases</u>		

Debtor 1 Jeffrey H. Stein
Debtor 2 Lisa J. Stein

Case number (if known)

4.2 9	<p>Mercedes Benz Financial Nonpriority Creditor's Name P.O. Box 9001680 Louisville, KY 40290-1680 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Student loans</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Automobile Deficiency on 2009 Mercedes Benz E350</p>	\$20,000.00
4.3 0	<p>Mount Kisco Medical Group Nonpriority Creditor's Name P.O. BOX 65042 Baltimore, MD 21264-5042 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Student loans</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Medical Debt</p>	\$2,291.67
4.3 1	<p>Northern Westchester Hospital Nonpriority Creditor's Name 400 E. Main Street Mount Kisco, NY 10549 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Student loans</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Medical Debt</p>	\$300.00

Debtor 1 Jeffrey H. Stein
Debtor 2 Lisa J. Stein

Case number (if known)

4.3 2	<p>Northern Westchester Hospital Nonpriority Creditor's Name 400 E. Main Street Mount Kisco, NY 10549 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Student loans</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Medical Debt</u></p>	<p>Last 4 digits of account number <u>3401</u></p> <p>When was the debt incurred? <u>1/7/2016</u></p> <p>As of the date you file, the claim is: Check all that apply</p>	<p>\$300.00</p>
4.3 3	<p>Northern Westchester Hospital Nonpriority Creditor's Name 400 E. Main Street Mount Kisco, NY 10549 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Student loans</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Medical Debt</u></p>	<p>Last 4 digits of account number <u>1801</u></p> <p>When was the debt incurred? <u>11/2015</u></p> <p>As of the date you file, the claim is: Check all that apply</p>	<p>\$262.00</p>
4.3 4	<p>Northern Westchester Hospital Nonpriority Creditor's Name EMA P.O. Box 6095 Parsippany, NJ 07054-7095 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Student loans</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Medical Debt</u></p>	<p>Last 4 digits of account number <u>8755</u></p> <p>When was the debt incurred? <u>8/9/2016</u></p> <p>As of the date you file, the claim is: Check all that apply</p>	<p>\$571.08</p>

Debtor 1 Jeffrey H. Stein
Debtor 2 Lisa J. Stein

Case number (if known)

4.3 5	<p>Northern Westchester Hospital Nonpriority Creditor's Name 400 E. Main Street Mount Kisco, NY 10549 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Student loans</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Medical Debt</u></p>	Last 4 digits of account number 9567 When was the debt incurred? 2/17/2016 \$ 2,350.65
4.3 6	<p>Northern Westchester Hospital Nonpriority Creditor's Name EMA P.O. Box 417423 Boston, MA 02241 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Student loans</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Medical Debt</u></p>	Last 4 digits of account number 6855 When was the debt incurred? 7/7/2016 \$ 519.08
4.3 7	<p>NSLIJHS Radiology Westchester Nonpriority Creditor's Name P.O. Box 419129 Boston, MA 02241-9129 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Student loans</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Medical Debt</u></p>	Last 4 digits of account number 5119 When was the debt incurred? 6/6/2015 \$ 67.67

Debtor 1 Jeffrey H. Stein
Debtor 2 Lisa J. Stein

Case number (if known)

4.3 8	<p>NSLIJHS Radiology Westchester Nonpriority Creditor's Name P.O. Box 419129 Boston, MA 02241-9129 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Student loans</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Medical Debt</u></p>	Last 4 digits of account number 5119	\$155.24
4.3 9	<p>Robinson Oil Nonpriority Creditor's Name 500 Executive Blvd Elmsford, NY 10523-1236 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Student loans</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Utility</u></p>	Last 4 digits of account number de02	\$3,577.36
4.4 0	<p>USAA Saving Bank Nonpriority Creditor's Name 10750 Mc Dermott San Antonio, TX 78288 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Student loans</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Miscellaneous Consumer Purchases</u></p>	Last 4 digits of account number 7853	\$776.00

Debtor 1 Jeffrey H. Stein
Debtor 2 Lisa J. Stein

Case number (if known)

4.4 1	USAA Savings Bank Nonpriority Creditor's Name 10750 Mc Dermott San Antonio, TX 78288 Number Street City State Zip Code	Last 4 digits of account number When was the debt incurred?	4661 Opened 06/15 Last Active 11/03/16
<p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify <u>Miscellaneous Consumer Purchases</u></p> <p><input type="checkbox"/> Yes</p>			
<p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Medical Debt</u></p>			
4.4 2	Westchester Medical Center Nonpriority Creditor's Name P.O Box 5044 New Britain, CT 06050-5044 Number Street City State Zip Code	Last 4 digits of account number When was the debt incurred?	1296 5/5/2016
<p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Other. Specify <u>Medical Debt</u></p> <p><input type="checkbox"/> Yes</p>			
<p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Medical Debt</u></p>			
4.4 3	Westchester Medical Center Nonpriority Creditor's Name P.O Box 5044 New Britain, CT 06050-5044 Number Street City State Zip Code	Last 4 digits of account number When was the debt incurred?	4178 6/10/2016
<p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Other. Specify <u>Medical Debt</u></p> <p><input type="checkbox"/> Yes</p>			
<p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Medical Debt</u></p>			

Debtor 1 Jeffrey H. Stein
Debtor 2 Lisa J. Stein

Case number (if known)

4.4 4	Westchester Medical Center Nonpriority Creditor's Name P.O Box 5044 New Britain, CT 06050-5044 Number Street City State Zip Code	Last 4 digits of account number 296A	\$6,102.60
		When was the debt incurred? 5/11/2016	
	As of the date you file, the claim is: Check all that apply		
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans <input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Debt</u>		

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address On which entry in Part 1 or Part 2 did you list the original creditor?
 American Express Line 4.2 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Central Credit Services, LLC Part 2: Creditors with Nonpriority Unsecured Claims
 20 Corporate Hills Drive
 Saint Charles, MO 63301

Last 4 digits of account number

Name and Address On which entry in Part 1 or Part 2 did you list the original creditor?
 Bank of America CACH, LLC Line 4.7 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 First Step Group, LLC Part 2: Creditors with Nonpriority Unsecured Claims
 6300 Shingle Creek Parkway 220
 Minneapolis, MN 55430

Last 4 digits of account number

Name and Address On which entry in Part 1 or Part 2 did you list the original creditor?
 Citibank NA Line 4.19 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 701 E. 60th St North
 Sioux Falls, SD 57104-0432 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address On which entry in Part 1 or Part 2 did you list the original creditor?
 Credit Control, LLC Line 4.20 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 JH Portfolio Debt Equities LLC Part 2: Creditors with Nonpriority Unsecured Claims
 5757 Phantom Drive, Ste 330
 Hazelwood, MO 63042

Last 4 digits of account number

Name and Address On which entry in Part 1 or Part 2 did you list the original creditor?
 Credit One Bank Line 4.24 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Forster & Garbus, LLP Part 2: Creditors with Nonpriority Unsecured Claims
 P.O. Box 9030
 Commack, NY 11725-9030

Last 4 digits of account number

Name and Address On which entry in Part 1 or Part 2 did you list the original creditor?
 MBNA Line 4.28 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Portfolio Recovery Assoc. Part 2: Creditors with Nonpriority Unsecured Claims
 120 Corporate Blvd Ste 1
 Norfolk, VA 23502

Last 4 digits of account number

Name and Address On which entry in Part 1 or Part 2 did you list the original creditor?

Debtor 1 Jeffrey H. Stein

Debtor 2 Lisa J. Stein

Case number (if known)

Northern Westchester Hospital
 Trans-Continental Credit
 P.O. Box 5055
 White Plains, NY 10602

Line 4.35 of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
 Westchester Medical Center
 Pom Recoveries
 P.O. Box 602
 Lindenhurst, NY 11757

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.43 of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
 Westchester Medical Center
 Computer Credit, Inc.
 470 West Hanes Mill Road
 Winston Salem, NC 27113

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.44 of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

		Total Claim
Total claims from Part 1	6a. Domestic support obligations	6a. \$ 0.00
	6b. Taxes and certain other debts you owe the government	6b. \$ 0.00
	6c. Claims for death or personal injury while you were intoxicated	6c. \$ 0.00
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. \$ 0.00
	6e. Total Priority. Add lines 6a through 6d.	6e. \$ 0.00
Total claims from Part 2	6f. Student loans	6f. \$ 0.00
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. \$ 0.00
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h. \$ 0.00
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. \$ 427,039.02
	6j. Total Nonpriority. Add lines 6f through 6i.	6j. \$ 427,039.02

Fill in this information to identify your case:

Debtor 1	Jeffrey H. Stein		
	First Name	Middle Name	Last Name
Debtor 2	Lisa J. Stein		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	SOUTHERN DISTRICT OF NEW YORK		
Case number (if known)			

Check if this is an
amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B:Property* (Official Form 106 A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code	State what the contract or lease is for
2.1 Landlord 1499 South Federal Highway#227 Boynton Beach, FL 33435	Residential Apartment Lease

Fill in this information to identify your case:

Debtor 1	Jeffrey H. Stein		
	First Name	Middle Name	Last Name
Debtor 2	Lisa J. Stein		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	SOUTHERN DISTRICT OF NEW YORK		
Case number (if known)			

Check if this is an
amended filing

Official Form 106H Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

No
 Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

No. Go to line 3.
 Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor
Name, Number, Street, City, State and ZIP Code

Column 2: The creditor to whom you owe the debt
Check all schedules that apply:

3.1 Leann Stein

Schedule D, line 2.10
 Schedule E/F, line _____
 Schedule G _____
Internal Revenue Service

3.2 Leann Stein

Schedule D, line 2.11
 Schedule E/F, line _____
 Schedule G _____
Internal Revenue Service

3.3 Leann Stein

Schedule D, line 2.16
 Schedule E/F, line _____
 Schedule G _____
NYS Tax Commission

Debtor 1 Jeffrey H. Stein
Lisa J. Stein

Case number (if known) _____

Additional Page to List More Codebtors

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt
Check all schedules that apply:

3.4 Spring Valley
Battery & Ignition, Inc.
1 N. Myrtle Avenue
Spring Valley, NY 10977

Schedule D, line 2.2
 Schedule E/F, line _____
 Schedule G _____
American Express

3.5 Trevi Restaurant
11 Taylor Square
West Harrison, NY 10604

Schedule D, line 2.8
 Schedule E/F, line _____
 Schedule G _____
Forgione Carmela

3.6 Valley Rebuilders, Inc.

Schedule D, line _____
 Schedule E/F, line 4.3
 Schedule G _____
American Honda Finance

3.7 Valley Rebuilders, Inc.

Schedule D, line _____
 Schedule E/F, line 4.4
 Schedule G _____
American Honda Finance

3.8 Valley Rebuilders, Inc.

Schedule D, line _____
 Schedule E/F, line 4.5
 Schedule G _____
American Honda Finance

3.9 Valley Rebuilders, Inc.

Schedule D, line _____
 Schedule E/F, line 4.6
 Schedule G _____
American Honda Finance

Fill in this information to identify your case:

Debtor 1	Jeffrey H. Stein
Debtor 2 (Spouse, if filing)	Lisa J. Stein
United States Bankruptcy Court for the:	SOUTHERN DISTRICT OF NEW YORK
Case number (if known)	_____

Check if this is:

An amended filing
 A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

	Debtor 1	Debtor 2 or non-filing spouse
Employment status	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed	<input type="checkbox"/> Employed <input checked="" type="checkbox"/> Not employed
Occupation	Account Manager	Housewife
Employer's name	American Tire Distributors Inc.	
Employer's address	12200 Herbert Wayne Court, Ste 150 Huntersville, NC 28078	
How long employed there?	2.5 years	

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$ 7,633.00	\$ 0.00
3. Estimate and list monthly overtime pay.	3. +\$ 0.00	+\$ 0.00
4. Calculate gross income. Add line 2 + line 3.	4. \$ 7,633.00	\$ 0.00

Debtor 1 Jeffrey H. Stein
Debtor 2 Lisa J. Stein

Case number (if known)

	For Debtor 1	For Debtor 2 or non-filing spouse	
Copy line 4 here	4. \$ 7,633.00	\$ 0.00	
5. List all payroll deductions:			
5a. Tax, Medicare, and Social Security deductions	5a. \$ 2,196.00	\$ 0.00	
5b. Mandatory contributions for retirement plans	5b. \$ 0.00	\$ 0.00	
5c. Voluntary contributions for retirement plans	5c. \$ 15.50	\$ 0.00	
5d. Required repayments of retirement fund loans	5d. \$ 0.00	\$ 0.00	
5e. Insurance	5e. \$ 0.00	\$ 0.00	
5f. Domestic support obligations	5f. \$ 0.00	\$ 0.00	
5g. Union dues	5g. \$ 0.00	\$ 0.00	
5h. Other deductions. Specify: _____	5h.+ \$ 0.00	+ \$ 0.00	
6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. \$ 2,211.50	\$ 0.00	
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ 5,421.50	\$ 0.00	
8. List all other income regularly received:			
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ 0.00	\$ 0.00	
8b. Interest and dividends	8b. \$ 0.00	\$ 0.00	
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ 0.00	\$ 0.00	
8d. Unemployment compensation	8d. \$ 0.00	\$ 0.00	
8e. Social Security	8e. \$ 0.00	\$ 0.00	
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	8f. \$ 0.00	\$ 0.00	
8g. Pension or retirement income	8g. \$ 0.00	\$ 0.00	
8h. Other monthly income. Specify: <u>Various Surveys</u>	8h.+ \$ 0.00	+ \$ 850.00	
9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9. \$ 0.00	\$ 850.00	
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ 5,421.50	+ \$ 850.00	= \$ 6,271.50
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____	11. +\$ 0.00		
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data</i> , if it applies	12. \$ 6,271.50		
13. Do you expect an increase or decrease within the year after you file this form?			
<input checked="" type="checkbox"/> No.			
<input type="checkbox"/> Yes. Explain: _____			

Fill in this information to identify your case:

Debtor 1	Jeffrey H. Stein
Debtor 2	Lisa J. Stein
(Spouse, if filing)	
United States Bankruptcy Court for the:	SOUTHERN DISTRICT OF NEW YORK
Case number (If known)	

Check if this is:

An amended filing
 A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

No. Go to line 2.
 Yes. Does Debtor 2 live in a separate household?

No

Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

2. Do you have dependents? No

Do not list Debtor 1 and
Debtor 2.

Yes.

Fill out this information for
each dependent.....

Dependent's relationship to
Debtor 1 or Debtor 2

Dependent's
age

Does dependent
live with you?

Do not state the
dependents names.

Daughter

13

No
 Yes
 No
 Yes
 No
 Yes
 No
 Yes

Son

17

3. Do your expenses include expenses of people other than yourself and your dependents? No Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know
the value of such assistance and have included it on Schedule I: Your Income
(Official Form 106I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 7,626.00

If not included in line 4:

4a. Real estate taxes
 4b. Property, homeowner's, or renter's insurance
 4c. Home maintenance, repair, and upkeep expenses
 4d. Homeowner's association or condominium dues
 5. Additional mortgage payments for your residence, such as home equity loans

4a. \$	0.00
4b. \$	0.00
4c. \$	100.00
4d. \$	0.00
5. \$	0.00

Debtor 1 Jeffrey H. Stein
Debtor 2 Lisa J. Stein

Case number (if known) _____

6. Utilities:

6a. Electricity, heat, natural gas	6a. \$ 700.00
6b. Water, sewer, garbage collection	6b. \$ 0.00
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$ 550.00
6d. Other. Specify: _____	6d. \$ 0.00

7. Food and housekeeping supplies

8. Childcare and children's education costs

9. Clothing, laundry, and dry cleaning

10. Personal care products and services

11. Medical and dental expenses

12. Transportation. Include gas, maintenance, bus or train fare.

Do not include car payments.

13. Entertainment, clubs, recreation, newspapers, magazines, and books

14. Charitable contributions and religious donations

15. Insurance.

Do not include insurance deducted from your pay or included in lines 4 or 20.

15a. Life insurance	15a. \$ 306.80
15b. Health insurance	15b. \$ 0.00
15c. Vehicle insurance	15c. \$ 100.00
15d. Other insurance. Specify: _____	15d. \$ 0.00

16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.

Specify: _____

16. \$ 0.00

17. Installment or lease payments:

17a. Car payments for Vehicle 1	17a. \$ 0.00
17b. Car payments for Vehicle 2	17b. \$ 0.00
17c. Other. Specify: _____	17c. \$ 0.00
17d. Other. Specify: _____	17d. \$ 0.00

18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).

19. Other payments you make to support others who do not live with you.

Specify: _____

19. \$ 0.00

20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.

20a. Mortgages on other property	20a. \$ 0.00
20b. Real estate taxes	20b. \$ 0.00
20c. Property, homeowner's, or renter's insurance	20c. \$ 0.00
20d. Maintenance, repair, and upkeep expenses	20d. \$ 0.00
20e. Homeowner's association or condominium dues	20e. \$ 0.00

21. Other: Specify: _____

21. +\$ 0.00

22. Calculate your monthly expenses

22a. Add lines 4 through 21.

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2

22c. Add line 22a and 22b. The result is your monthly expenses.

\$ 10,882.80

\$

\$ 10,882.80

23. Calculate your monthly net income.

23a. Copy line 12 (your combined monthly income) from Schedule I.

23b. Copy your monthly expenses from line 22c above.

23a. \$ 6,271.50

23b. -\$ 10,882.80

23c. Subtract your monthly expenses from your monthly income.

The result is your monthly net income.

23c. \$ -4,611.30

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

No.

Yes.

Explain here: _____

Fill in this information to identify your case:

Debtor 1	Jeffrey H. Stein		
	First Name	Middle Name	Last Name
Debtor 2	Lisa J. Stein		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	SOUTHERN DISTRICT OF NEW YORK		
Case number (if known)			

Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

 Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person

Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

/s/ Jeffrey H. Stein

Jeffrey H. Stein
Signature of Debtor 1

Date December 16, 2016

/s/ Lisa J. Stein

Lisa J. Stein
Signature of Debtor 2

Date December 16, 2016

Fill in this information to identify your case:

Debtor 1	Jeffrey H. Stein		
	First Name	Middle Name	Last Name
Debtor 2	Lisa J. Stein		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	SOUTHERN DISTRICT OF NEW YORK		
Case number (if known)			

Check if this is an amended filing

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

Married
 Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

No
 Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1 Prior Address:

Dates Debtor 1
lived there

Debtor 2 Prior Address:

Dates Debtor 2
lived there

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.)

No
 Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).

Part 2 Explain the Sources of Your Income

4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.
If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

No
 Yes. Fill in the details.

From January 1 of current year until the date you filed for bankruptcy:	Debtor 1		Debtor 2	
	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$91,591.36	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$0.00

Debtor 1 Jeffrey H. Stein
Debtor 2 Lisa J. Stein

Case number (if known)

	Debtor 1 Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Debtor 2 Sources of income Check all that apply.	Gross income (before deductions and exclusions)
For last calendar year: (January 1 to December 31, 2015)	<input type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business	\$24,000.00	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$0.00
	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$93,779.82	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$7,470.95
For the calendar year before that: (January 1 to December 31, 2014)	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$74,613.60	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$9,864.12

5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

No
 Yes. Fill in the details.

	Debtor 1 Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Debtor 2 Sources of income Describe below.	Gross income (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:		\$0.00	Surveys	\$4,000.00

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy**6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more?

No. Go to line 7.
 Yes. List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.

Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

No. Go to line 7.
 Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this payment for ...

Debtor 1 Jeffrey H. Stein
Debtor 2 Lisa J. Stein

Case number (if known)

7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

 No Yes. List all payments to an insider.

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
----------------------------	------------------	-------------------	----------------------	-------------------------

8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?

Include payments on debts guaranteed or cosigned by an insider.

 No Yes. List all payments to an insider.

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
----------------------------	------------------	-------------------	----------------------	-------------------------

Part 4: Identify Legal Actions, Repossessions, and Foreclosures

9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

 No Yes. Fill in the details.

Case title Case number	Nature of the case	Court or agency	Status of the case
The Bank of New York Mellon Trust Company, N.A. fka The Bank of New York Trust Company, N.A., as Trustee for Chase Mortgage Finance Trust Series 2006-S2 vs. Jeffrey H. Stein, et al Index No. 55902/2015	Foreclosure Proceeding	Supreme Court of the State of New York New York, Westchester County 100 Martin Luther King, Jr. Blvd. White Plains, NY 10601	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below.

 No. Go to line 11. Yes. Fill in the information below.

Creditor Name and Address	Describe the Property	Date	Value of the property
	Explain what happened		

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

 No Yes. Fill in the details.

Creditor Name and Address	Describe the action the creditor took	Date action was taken	Amount

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

 No Yes

Debtor 1 Jeffrey H. Stein
Debtor 2 Lisa J. Stein

Case number (if known) _____

Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

No
 Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift and Address:			

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

No
 Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600	Describe what you contributed	Dates you contributed	Value
Charity's Name Address (Number, Street, City, State and ZIP Code)			

Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

No
 Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss	Date of your loss	Value of property lost
Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.			

Part 7: List Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

No
 Yes. Fill in the details.

Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Delbello Donnellan Weingarten Wise & Wiederkehr, LLP 1 North Lexington Ave. 11th Fl White Plains, NY 10601 www.ddw-law.com Nessim Levy, Lisa J. Stein's Father	Chapter 7 Retainer, Chapter 7 Filing Fee, and Credit Reports Loss Mitigation Retainer	12/27/2016	\$7,381.00
CC Advising, Inc. www.ccadvising.com	Credit Counseling Course	12/23/2016	\$19.52

Debtor 1 Jeffrey H. Stein
Debtor 2 Lisa J. Stein

Case number (if known)

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?
Do not include any payment or transfer that you listed on line 16.

No
 Yes. Fill in the details.

Person Who Was Paid Address	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
--------------------------------	---	-----------------------------------	-------------------

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

No
 Yes. Fill in the details.

Person Who Received Transfer Address	Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
Person's relationship to you			

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)

No
 Yes. Fill in the details.

Name of trust	Description and value of the property transferred	Date Transfer was made
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Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

No
 Yes. Fill in the details.

Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
--	---------------------------------	-------------------------------	--	---

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

No
 Yes. Fill in the details.

Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
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22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

No
 Yes. Fill in the details.

Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
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Debtor 1 Jeffrey H. Stein
Debtor 2 Lisa J. Stein

Case number (if known)

Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

 No Yes. Fill in the details.

Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value
Nessim Levy 3 Deborah Lane Chappaqua, NY 10514	3 Deborah Lane Chappaqua, NY 10514	Debtor Husband Drives Father-in-Law's 2014 Ford Edge.	Unknown
Nessim Levy 3 Deborah Lane Chappaqua, NY 10514	3 Deborah Lane Chappaqua, NY 10514	Debtor Wife Drives Father's 2014 Mercedes C300	Unknown

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- Environmental law* means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- Site* means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material* means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

 No Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
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25. Have you notified any governmental unit of any release of hazardous material?

 No Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
--	---	-----------------------------------	----------------

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

 No Yes. Fill in the details.

Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case
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Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
- A member of a limited liability company (LLC) or limited liability partnership (LLP)

Debtor 1 Jeffrey H. Stein

Debtor 2 Lisa J. Stein

Case number (if known) _____

A partner in a partnership
 An officer, director, or managing executive of a corporation
 An owner of at least 5% of the voting or equity securities of a corporation

No. None of the above applies. Go to Part 12.

Yes. Check all that apply above and fill in the details below for each business.

Business Name
 Address
 (Number, Street, City, State and ZIP Code)

Describe the nature of the business

Name of accountant or bookkeeper

Employer Identification number
 Do not include Social Security number or ITIN.

Dates business existed

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

No

Yes. Fill in the details below.

Name
 Address
 (Number, Street, City, State and ZIP Code)

Date Issued

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.
 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Jeffrey H. Stein
 Jeffrey H. Stein
 Signature of Debtor 1

/s/ Lisa J. Stein
 Lisa J. Stein
 Signature of Debtor 2

Date December 16, 2016

Date December 16, 2016

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

No
 Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

No
 Yes. Name of Person _____. Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Fill in this information to identify your case:

Debtor 1	Jeffrey H. Stein		
	First Name	Middle Name	Last Name
Debtor 2	Lisa J. Stein		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	SOUTHERN DISTRICT OF NEW YORK		
Case number (if known)			

Check if this is an amended filing

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
---	---	---

Creditor's name: Select Portfolio Servicing

Surrender the property.

No

Description of property: 3 Deborah Lane
Chappaqua, NY 10514
securing debt:

Retain the property and redeem it.
 Retain the property and enter into a *Reaffirmation Agreement*.

Yes

Retain the property and [explain]:
Debtors will attempt to modify their mortgage in the Loss Mitigation Program

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases

Will the lease be assumed?

Lessor's name:

No

Description of leased Property:

Yes

Lessor's name:

No

Description of leased Property:

Yes

Debtor 1 Jeffrey H. Stein
Debtor 2 Lisa J. Stein

Case number (if known) _____

Lessor's name:

No

Description of leased
Property:

Yes

Part 3: Sign Below

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.

X /s/ Jeffrey H. Stein

Jeffrey H. Stein
Signature of Debtor 1

X /s/ Lisa J. Stein

Lisa J. Stein
Signature of Debtor 2

Date December 16, 2016

Date December 16, 2016

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy,
and

Your debts are primarily consumer debts.
Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7: Liquidation

\$245	filin	g fee
\$75	admi	nistrative fee
+ <u> </u>	<u> </u>	<u> </u>
	\$15	trustee surcharge
	\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes;
- most student loans;
- domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167	filings fee
+ \$550	administrative fee
\$1,717 total fee	

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy_form_s.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from:

http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to:

<http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCreditAndDebtCounselors.aspx>

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

United States Bankruptcy Court
Southern District of New York

In re Jeffrey H. Stein
Lisa J. Stein

Debtor(s)

Case No.

Chapter

7

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$ <u>7,046.00</u>
Prior to the filing of this statement I have received	\$ <u>7,046.00</u>
Balance Due	\$ <u>0.00</u>

2. \$ 335.00 of the filing fee has been paid.

3. The source of the compensation paid to me was:

Debtor Other (specify): Nessim Levy, Lisa Stein's Father

4. The source of compensation to be paid to me is:

Debtor Other (specify): Nessim Levy, Lisa Stein's Father

5. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

6. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

Loss Mitigation with Mortgage Lender

\$3,000.00 Retainer to be Billed Hourly

Separate from \$4,000.00 Flat Fee for Legal Services in the underlying Chapter 7 Case.

7. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

The following services are expressly not included pursuant to the retainer agreement and will require a new retainer payment and a new retainer agreement:

- 1. A Motion seeking relief from the Automatic Stay or a Motion to Dismiss based upon Client's failure to comply with his obligations as a Chapter 7 Debtor.
- 2. Amendments to Client's Schedules of Assets and Liabilities and/or Statement of Financial Affairs.
- 3. The prosecution or defense of a Motion made by Trustee or creditor for non-payment by Client of any amounts required under the Bankruptcy Code or Adversary Proceeding(s), including any proceeding to recover money or property; a proceeding to determine the validity, priority or extent of a lien or other interest in property; a proceeding to obtain approval for sale of the interest of the estate and co-owner in property; a proceeding to determine the dischargeability of a debt or objection to Debtor's Discharge; a proceeding to obtain an injunction or other equitable relief; a proceeding to subordinate any allowed claim or interest; a proceeding to obtain a declaratory judgment; a proceeding to determine a claim or cause of action removed.
- 4. The defense of any claims asserted by the Trustee, the Office of the U.S. Trustee, or any other party in interest for non-exempt assets or the Debtor, including but not limited to avoidable transfers, preferential payments, and turnover of non-exempt equity in a residence or vehicle.
- 5. The assistance in an audit of Clients pursuant to §603 of the Bankruptcy Code conducted by the United States Trustee.

In re
Jeffrey H. Stein
Lisa J. Stein

Case No. _____

Debtor(s)

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)
(Continuation Sheet)

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

December 16, 2016

Date

/s/ Dawn Kirby

Dawn Kirby

Signature of Attorney

DeBello Donnellan Weingarten Wise & Wiederkehr, LLP

One North Lexington Avenue

White Plains, NY 10601

(914) 681-0200 Fax: (914) 684-0288

Name of law firm

**United States Bankruptcy Court
Southern District of New York**

In re Jeffrey H. Stein
Lisa J. Stein

Debtor(s)

Case No.
Chapter 7

VERIFICATION OF CREDITOR MATRIX

The above-named Debtors hereby verify that the attached list of creditors is true and correct to the best of their knowledge.

Date: December 16, 2016

/s/ Jeffrey H. Stein

Jeffrey H. Stein
Signature of Debtor

Date: December 16, 2016

/s/ Lisa J. Stein

Lisa J. Stein
Signature of Debtor

AMERICAN EXPRESS
PO BOX 297871
FORT LAUDERDALE, FL 33329

AMERICAN EXPRESS
CENTRAL CREDIT SERVICES, LLC
20 CORPORATE HILLS DRIVE
SAINT CHARLES, MO 63301

AMERICAN HONDA FINANCE
600 KELLY WAY
HOLYOKE, MA 01040

APPLIED BANK
FORSTER & GARBUS, LLP
60 VANDERBILT MOTOR PKWY
COMMACK, NY 11725

APPLIED BANK
800 DELAWARE AVENUE
WILMINGTON, DE 19801

APPLIED CARD BANK
P.O. BOX 17123
WILMINGTON, DE 19850

BANK OF AMERICA
BANKRUPTCY DEPARTMENT
4161 TREDMONT PKWY NC4-1050314
GREENSBORO, NC 27410

BANK OF AMERICA CACH, LLC
FIRST STEP GROUP, LLC
6300 SHINGLE CREEK PARKWAY 220
MINNEAPOLIS, MN 55430

BEDFORD ANESTHESIA
110 SOUTH BEDFORD ROAD
MOUNT KISCO, NY 10549

BLOOMINGDALES DSNB
ATTN: BANKRUPTCY
PO BOX 8053
MASON, OH 45040

BRUCE MOLINELLI MD, LLC
31 RIVER ROAD, SUITE 102
COS COB, CT 06807

CACH LLC
370 17TH STREET STE 5000
DENVER, CO 80202

CAPITAL ONE BANK USA N
15000 CAPITAL ONE DR
RICHMOND, VA 23238

CAPITAL ONE BANK USA NA
15000 CAPITAL ONE DR
RICHMOND, VA 23238

CAPITAL ONE BANK USA NA
4851 COX ROAD
GLEN ALLEN, VA 23060

CAREMOUNT MEDICAL
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19170-6840

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SIOUX FALLS, SD 57104-0432

CITIBANK, N.A.
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WESTBURY, NY 11590

JST CAPITAL INC.
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8875 AERO DR SUITE 200
SAN DIEGO, CA 92123

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& FLYNN
6851 JERICHO TPKE. STE220
SYOSSET, NY 11791

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MOUNT KISCO, NY 10549

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EMA
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PARSIPPANY, NJ 07054-7095

NORTHERN WESTCHESTER HOSPITAL
EMA
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BOSTON, MA 02241

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TRANS-CONTINENTAL CREDIT
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WHITE PLAINS, NY 10602

NSLIJHS RADIOLOGY WESTCHESTER
P.O. BOX 419129
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NYC DEPARTMENT OF FINANCE
345 ADAMS STREET, 3RD FLOOR
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BROOKLYN, NY 11201-3719

NYS DEPAT. OF TAX & FINANCE
BANKRUPTCY SPECIAL PROCEDURES
P.O. BOX 5300
ALBANY, NY 12205-0300

NYS TAX COMMISSION
DEPT. OF TAXATION AND FINANCE
BUILDING 9, W.A. HARRIMAN CAMP
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